

For the calendar year 1998

Mail to: Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009

Make checks payable to: Arizona Department of Revenue

305
310

B/D	
State withholding number	
Federal employer identification number	
For DOR Use Only 0498	Amended
P/M	

- ☐ Check this box to cancel withholding account. Complete the explanation section on page 2. (See instructions). Enter date final wages paid _____

Arizona Withholding Tax Liability

1. 1st quarter withholding	Y	1				
2. 2nd quarter withholding		2				
3. 3rd quarter withholding		3				
4. 4th quarter withholding		4				
5. Total withholding liability for 1998 - Original Returns: Total should equal amount on line 14. Amended Returns: See instructions	Z	5				

Tax Payments

6. Withholding tax payments previously made for 1998 - See instructions	6				
7. Amount of tax paid when filing extension request (Form A1-APR EXT) - see instructions	7				
8. Total payments - see instructions	8				
9. Balance of tax due - If line 5 is larger than line 8, enter balance of tax due. Skip line 10. Payment must accompany return.	9				
10. Overpayment of tax - If line 8 is larger than line 5, enter overpayment of tax	10				
					Ext. Code

Federal Form Transmittal Information for an Original Form A1-APR

11. Number of employees in 1998	11		
12. Total wages paid to employees for 1998	12		
13. Number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted	13		
14. Total amount of Arizona income tax withheld (as shown on federal Forms W-2, W-2c, W-2G, and 1099-R)	14		

15.	Number of federal Forms W-2, W-2c, W-2G, and 1099-R submitted.	15		
16.	Gross wage change.	16		
17.	Gross change in amount of Arizona income tax withheld.	17		

☐ 1. Reorganization or change in business entity (example: from corporation to partnership)

☐ 2. Business sold

☐ 3. Business stopped paying wages and will not have any employees in the future

☐ 4. Business permanently closed

☐ 5. Business has only leased or temporary agency employees

☐ 6. Other (specify reason) _____

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is a true, complete and correct return.

Please Sign Here _____ ()
Signature Date Business telephone number

Paid _____
Preparer's _____
Use Only Preparer's signature Date () Business telephone number

Firm's name (or preparer's, if self-employed)	Preparer's EIN or SSN
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Firm's address _____ ZIP code _____